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Original Communications.

OBSTETRICS IN VIENNA.

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DEEP down among my recollections of the embryonic period of my professional life—so deep, indeed, that the shadowy, ill-defined memories blend themselves with the mythological reminiscences of college studies, and borrow from them a hue of mixed fable and fact, which renders their testimony to some extent unreliable, perhaps, I find traces of a record of medical experience, which is not wholly without interest, even now.

It was narrated to me by an early and intimate friend (a member of the medical profession), as having occurred in a hospital in a certain city north of *Mason and Dixon's* line, in which he discharged the functions of one of the Internes, while prosecuting his medical and surgical studies. I know it to be a truthful record of medical experience, and I write it, as nearly as I can now remember, in the words of the narrator, being in a measure pertinent, and *ad rem* to the subject of this communication.

"A young lady, of very fine development, of modest deportment and prepossessing manners, had occasion to apply for medical assistance and treatment at the hospital, on account of an acute tumor in the abdomen, which had made its appearance suddenly, had grown rapidly, and for the occurrence of which she could assign no cause, &c. &c. Her address, and the peculiarity of her case, as she represented it, secured for her admission to the hospital at once.

"She became, immediately, an object of great interest and solicitude to the philanthropic and gentlemanly physician under whose care she was placed. Examinations were made, and consultations were held over the case; theories were suggested, and all possible kinds of tumors were discussed, but no conclusion could be reached

as to the nature of the disease. The worthy physician in attendance, with a consideration that certainly spoke well for his goodness of heart, being unwilling to make, or cause to be made, a vaginal examination, because he did not wish to do the lady the injury of rupturing the hymen, and thus destroying the evidences of virginity, if a satisfactory conclusion could be reached without doing so. The case continued in this unsettled state of diagnosis for a period measurable by weeks rather than days (if my memory serves me correctly). The lady occupied her place in the ward with patience and resignation, although the tumor seemed to become more alarming rather than to give hope of improvement, until, one day, '*Nature*' came to the assistance of the puzzled professor, and forced the patient herself to solve the problem and remove all doubts as to the character of her ailment, by safely giving birth to a vigorous child.

"It is scarcely necessary to say that the students did not see her smiling countenance at her usual place in the ward during her convalescence; and it may not be presumptuous, perhaps, for us to conjecture that the good-hearted professor became convinced by this event that even *he* was not beyond the possibility of deriving benefit from a practical lesson."

My reason for making use of such an old and perhaps unwelcome memory at this time is that it comes in, in very good stead, as an introduction to a few remarks I send in reference to the way in which some things are managed in Vienna; and, also, because I have wondered whether such an unfortunate occurrence could have happened to a physician here, where the obstetricians are supposed to be able to diagnosticate not only the existence of pregnancy, but also the position of the child in the uterus, the presentation and the probable time of delivery, *from external manipulation alone*, although, usually, they confirm their diagnoses, and determine whether the patient is a primipara or a multipara, by vaginal examinations, too.

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WHOLE No. 2311

It has been stated in this JOURNAL, already, when speaking of the obstetric department of the Hospital in Vienna, that, annually, more than 8000 pregnant women are received and delivered of their children in this institution. With such numbers to care for—numbers which very rapidly multiply small items of habitual waste into enormous unnecessary expenses—it becomes imperative, of course, that a constant and careful supervision should be exercised. Every day that a patient remains in the hospital she adds somewhat to the bill of expenses. Every day that she remains a *patient* when her condition does not require it, she increases the amount of waste, and thus, both *before* and *after* delivery, the humanity and judgment of the physician are put to the test, and he must constantly determine to what extent kindness may be exercised towards the patient or applicant, without doing injustice to the hospital. The regulations limit the period of a patient's stay in the hospital, including the time of labor, and convalescence therefrom, to (67) sixty-seven days, *i. e.* unless some complication occurs after delivery to render prolonged treatment necessary; and in consequence of this, before a pregnant woman applying for admission can be accepted, it becomes the duty of the physician to determine whether she is in fact pregnant, and about what time in the natural course of events she will be confined, so that, allowing a proper time for her to stay in the hospital after delivery, her whole sojourn may not exceed the limited period.

The diagnosis and prognosis, in these cases, must, of course, be made independently of any statements made by the women themselves, because many of the poor creatures are so anxious to find a place of refuge that they would readily misstate facts to their own advantage, if their testimony were called for (*i. e.* presupposing that they know enough to state anything with intelligence), and as a matter of fact no questions are asked the women—the diagnoses are made without their assistance.

The regulations, in reference to the period at which a woman may be admitted to the hospital, are not so rigid as to prevent exceptions in cases of special interest, when the professor deems proper. And in *malformations*, or cases outside of the usual course of nature, the utmost freedom of admission is exercised. Not so much for the benefit of the patient, however, as for that of the student.

As the reception of patients advanced in

pregnancy becomes a part of the regular business of the hospital, of course regular hours have been established when they may present themselves to have their cases passed upon; and the examination of women applying for admission takes place, regularly, every afternoon at 5 o'clock.

The term "*Aufnahme*" is the technical name by which these receptions are known. They apply, of course, only to such women as are not in actual labor, as these latter are admitted without ceremony at any time; and it is the more than common occurrence to have poor women brought into the hospital in the different stages of parturition; many of them, perhaps, after having been laboring in vain under the superintendence of midwives outside, and of private practitioners, who had been called to their assistance.

The receptions are divided between the two divisions of the obstetric department, superintended respectively by Professors Spaeth and Braun. On *Tuesdays, Fridays* and *Sundays*, Prof. Spaeth has the *Aufnahme* or Reception, on the other four days of the week the applicants for admission being committed to the tender mercies of Prof. Braun. And, so far as the patients are concerned, there is certainly a choice between the two, for the patients of the former are not exposed to the manipulations of the students, because he lectures only to the young women who are being educated as midwives, and on this account is not interested in converting his wards into a general educational establishment. But the receptions in Prof. Braun's wards, on the contrary, are always well attended, because *here* the students are granted an unrestricted license to go through with the processes of examination upon all those applicants who, upon examination by the physician on duty, have been found to come within the proper period for admission, and who have, in consequence, been accepted. The applicants who, upon examination by the physician, have been found to be, as yet, insufficiently advanced in pregnancy to justify their admission in accordance with the regulations, are allowed to arise, dress themselves and go their way unmolested, to present themselves, if they wish to, again, at a later period.

With such arrangements for the admission of patients, and with the amount of practice, in this kind of work, that the ordinary business of the hospital throws upon the attending physicians, it is natural that they should acquire a special aptitude for making diagnoses in these cases. Very

little time is consumed in examining the patients who present themselves. They are received or dismissed, without any questions or any hesitation, upon the testimony of the objective signs alone, and blunders do not occur to taunt the admitting physician with his mistake, during an unnecessarily long sojourn of the patient.

Are all your readers familiar with the manner in which these examinations are made; with the theories which lead to the methods of diagnosis? If not, perhaps it will not be received unkindly if I attempt to give a cursory outline of them.

The points to be determined when applicants present themselves for admission to the obstetric department of the hospital, are:—

1st. The age of the pregnancy, which involves, of course, the question of the actual existence of pregnancy.

2d. The position of the child in the uterus; and

3d. Whether the woman is a primipara or a multipara.

First. In relation to the age of pregnancy. The whole term of gestation is divided into ten periods, commonly called months here, under the impression that they constitute lunar months; and without stopping to question the correctness of the astronomy, as any name that is understood will answer the purposes of explanation sufficiently well now, we will use the term as synonymous with "period," which expresses the theory just as well, and is perhaps more correct in point of fact. Dividing, then, the whole term of gestation into ten periods, the *pubes*, the *umbilicus* and the *ensiform cartilage* become the fixed points which enter into the making of the diagnosis. When pregnancy is three months advanced the uterus is increased in size, has reached as high as the upper strait of the pelvis and may be felt at the pubes. At six months, or at the sixth period, it is as high as the umbilicus, and the ninth period has been fully accomplished when the ensiform cartilage has been reached; the intervening periods being determined by subdividing, evenly, these primary divisions.

While the uterus has thus been increasing gradually in size, however, up to the end of the ninth period, the presenting part of the child has been movable; it has not as yet become engaged in the pelvis and is not fixed. This condition continues until the completion of the ninth month, but at the beginning of the *tenth* month, or period, a new order of things sets in. The presenting part gradually settles itself into

the cavity of the pelvis and becomes to an extent immovable; and as "it progresses in its descent and becomes more and more fixed in the pelvis," the uterus also subsides from the height it had attained at the completion of the ninth period. A settling occurs with it, too, and some of the altitudes which it traversed, in growing up to the ensiform cartilage, become of necessity retraversed, as it settles down again, until, at the end of the tenth period, it has descended to the level it occupied at the end of the eighth period.

This latter circumstance, of course, renders the mere height of the uterus alone, after the end of the eighth period, an uncertain sign upon which to base a diagnosis, as a pregnancy of eight and a half periods would show a tumor of the same elevation as one of nine and a half periods; in this latter case the uterus having already reached the ensiform cartilage at the completion of the ninth month, and having subsided, on account of the sinking of the presenting part into the pelvis, so as to pass through positions occupied before. In estimating the meaning of the height of the uterus, therefore, as a sign of the age of pregnancy after the end of the eighth period, it becomes necessary to recognize the cause of the complication, viz., the settling of the presenting part into the pelvis, and thus secure a means of removing doubt. At any time *before* the completion of the ninth period, the presenting part of the child is not engaged in the pelvis. If the head presents, it is what is designated a "high head," and is easily movable—it is free; while *after* the completion of the ninth period the part becomes gradually more and more fixed as it descends, its movement becomes restricted, and as it is easy to feel the presenting part through the walls of the abdomen, the mobility or immobility enables the physician to give the proper meaning to the height of the uterus. If the uterus is below the ensiform cartilage, and the presenting part of the child is fixed, the ninth period has been passed. If the uterus is below the ensiform cartilage and the presenting part is still movable, the ninth month, or rather the ninth period, has not been completed; and the distance of the fundus of the womb from the fixed point mentioned already, enables one to determine the actual age of the pregnancy.

Another point that has some meaning when considering the age of the pregnancy, although I have not noticed that it is dwelt upon much, is that after the com-

pletion of the ninth period, the uterus is thrown forward more than was the case previously; the direction of its axis becomes changed, and this fact may enter into consideration as an assistance towards making the diagnosis.

Second. The position of the child in the uterus.

In addition to the ability acquired by constant practice of feeling, through the walls of the abdomen, the position of the child in the womb, the sounds of the foetal heart are made use of, also, for the purpose of making this diagnosis. In the first place, all possible positions that a child may assume in the different presentations (head, breech or cross) are simplified in their division into two, viz., a first and a second. The term *first position*, applying to all those in which the occiput or posterior aspect of the presenting part is to the left side of the patient; the term *second position*, applying to such as have the posterior aspect of the child to the right; and in cross "*lagers*," as they are termed here, wherein there is as yet really no presenting part, the location of the back of the child determining the name to be applied to it. In cross "*lagers*," or cross situations, the "*lager*," or "*lay*" of the child is designated the first or second *lager*, according to the location of the head; if this is on the left side of the woman, the "*lager*" is the first; if on the right side, it is the second. In addition to this, however, a distinction is made, also, in reference to *position*—a distinction based upon the location of the child's back. If the back is towards the patient's abdomen, *i. e.* in front, the position being the first; if towards the woman's spine, the second: and thus, for the purpose of illustration, in a cross "*lager*," with the child's head on the left side of the abdomen, and the back in front, the designation would be first *lager*, second position. The diagnosis of these points is considered of value in these presentations, because the method of turning and the position of the patient during the operation are dependent upon the position of the child.

Having thus divided the *positions*, the sounds of the foetal heart, when audible, indicate where the back of the child is situated, and, having learned the *presentation* already, these sounds become, of course, an index to the manner in which the child is lying. Palpation of the abdomen readily indicates the spot where the foetal heart-sounds must be sought for; if they exist on the left side of the umbilicus, the presenting part is in the first position; and if on the right side, the position is the second.

In cross "*lagers*," the sound of the foetal heart is not an infallible index of the position of the back of the child, as this sound is heard sometimes when the back is towards the spine. In these cases, as well as in those in which the foetal heart cannot be heard at all, the diagnosis must be made by manipulation.

Third. In concluding the ordeal through which the applicant is obliged to pass, a vaginal examination is made, finally. By means of this examination, the evidence obtained by feeling through the walls of the abdomen, in reference to the mobility or the immobility of the presenting part, obtains corroboration, or, perhaps, sometimes, correction; and the value of this point, in enabling the physician properly to interpret the meaning of the height of the uterus, after the completion of the eighth period, has been referred to already. Besides this, the roughness or smoothness of the mouth of the womb, its consistence, and the extent to which it is open, indicate to the practised touch, immediately, whether the patient has borne children before or not.

In writing this communication, I have done so simply for the purpose of giving a general idea of how these examinations are conducted, and with the intention of indicating in a broad manner, only, upon what grounds the diagnoses in these cases are arrived at. It will be understood, of course, that, besides the gross indications which I have endeavored to make clear, there are other points, of varying importance, which, also, must be taken into consideration in different patients. In some women, the quantity of fluid in the uterus is unusually great, while in others it may be unusually small, and that these conditions should have an influence upon the height of the uterus will not appear strange. The size of the foetus, itself, sometimes becomes deserving of notice, and these facts must be taken into consideration when determining the age of the pregnancy.

Again, I have met with multiparae in whom, after a rest of more than three years, the uterus had become so fully rejuvenated, and the marks usually found about the vaginal portion of the uterus of women who had borne, had become so fully obliterated, that it could scarcely be distinguished from that of a primipara, by the most practised touch; and other points of like importance exist, which it would prolong this letter too much to attempt to dilate upon now.

Vienna, Austria, March 12, 1872.

TWO CASES OF COMPOUND FRACTURE OF THE LEG.

By G. B. STEVENS, M.D., Gloucester.

M. O'C., a stout, healthy fisherman, æt. 19, while at work on the deck of a vessel, stepped upon, or rather into, a coil of rope, which was paying out rapidly, as the vessel dropped astern of another to which one end of the line was fast. The rope caught him about the left ankle, threw him, and then slipped off.

When seen, one hour afterwards, the venous hæmorrhage had been very considerable, and blood was constantly dropping into a pool which had formed on the floor. Examination showed a compound fracture of the left leg, at the junction of the upper and middle thirds, the upper fragment of the tibia, with its periosteum peeled up, protruding for about an inch, and pinning the soft parts firmly beneath it. The fracture was as smooth and as nearly at right angles with the shaft of the bone, as if it had been made with a saw. The fibula was unbroken. Over the external malleolus was a large flesh wound, produced by the scraping of the rope.

Reduction was accomplished by forced extension, and the use of the director to elevate the protruding fragment and thus liberate the soft parts beneath. The wound was dressed with carbolic acid and olive oil, one part to eight, and the leg laid loosely in a fracture-box, extemporized from a wood-box.

When seen two hours afterwards, the venous oozing was so considerable that the dressing had to be removed, and liquor ferri perchloridi freely applied. On the fourth day, suppuration was established, after smart irritative fever; the former was at no time great, no collection of matter forming, while the latter very soon lessened and then ceased altogether.

The subsequent treatment consisted in the use of the flexible Crimean splints laterally, and also of the fracture-box, with a weak solution of chlorinated soda for a local application. There was no necrosis, and at the end of five weeks the union was tolerably firm. The large ulcer which followed the ragged wound over the outer ankle was slow to close. It had healed at the end of seven weeks; the union was firm, with a very slight curve on the inner side of the site of fracture, but without shortening, and the ulcer in the latter situation was trifling. A starch bandage was now applied, and in a couple of days the patient was moving about nimbly with crutches.

E. D., a delicate boy, æt. 10, while sliding in a field, ran into a rock. The force of the shock received on the sole of the right foot caused a fracture of the leg, as a fall on the shoulder produces fracture of the clavicle. There was found a compound fracture of both tibia and fibula, three inches from the ankle, with protrusion of the upper fragment of the tibia to the extent of half an inch. From the appearance of the sock, the patient might have lost an ounce of blood.

The fracture was readily reduced, cotton wool soaked in the blood laid over the wound and confined with a few turns of bandage, and lateral splints applied. On the fourth day, the splints were removed, and the limb placed in a fracture-box made to measure.

The case progressed precisely like a simple fracture, there being no suppuration or irritative fever whatever, and so little swelling that the bandage about the wound, which had been applied snugly, had not to be loosened at all. It was not disturbed till the end of four weeks, when union of the fracture being firm (and without any shortening or deformity whatsoever), and the flesh wound quite healed, a starch bandage was applied, and the patient allowed to get up. While in the recumbent posture, he suffered more from intense itching of the leg, produced probably by the contact of the cotton wool used in the packing of the fracture box, than from actual pain. This was relieved in a great measure by the use of powdered starch dusted between the limb and the cotton wool.

Reports of Medical Societies.

BOSTON SOCIETY OF MEDICAL SCIENCES.
EDWARD WIGGLESWORTH, JR., M.D., SECRETARY.

JAN. 30th, 1872. The Society met at the house of Dr. John Homans, Dr. Green in the chair.

Microscopical Pathology of Apoplexy.—Dr. Webber showed two or three specimens, under the microscope, illustrating the pathology of apoplexy. He said Charcot, with Bouchard, first called attention to the fact that disease of the arteries, affecting the external coats, gives rise to dilations of the smaller arteries and the formation thereby of miliary aneurisms, the rupture of which causes the apoplectic effusion. It is not disease of the inner coats

or atheroma, of which he speaks, but of the external coats, or periarteritis. The disease affects primarily the perivascular sheath and results in a multiplication of nuclei. Charcot states that he has seen the nuclei constricted in the centre, like a dumb bell, and evidently in process of division. This proliferation of nuclei may go so far as to obscure the artery and its coats. The adventitia is next affected, its nuclei being increased in number, or it may become thickened and cause the arteriole to resemble a fibrous cord. The muscular coat is affected with atrophy of the smooth muscular fibres, without fatty degeneration. As the arterioles derive their chief strength from the muscular layer, when its elements are atrophied the walls are weakened, and by a slight additional pressure they dilate and a minute aneurism forms, limited by the perivascular sheath. The rupture of the sheath allows the effusion of blood into the cerebral substance.

These aneurisms were noticed before Charcot explained their significance, but no one gave a similar explanation of their consequences. Charcot states that these aneurisms are found in the grey substance, and by preference in the optic thalamus and corpus striatum. They are also found not infrequently in the convolutions.

It is said that the vessels of the meninges may undergo a similar change; this I have not found yet. The rupture of a miliary aneurism in a convolution near the surface may give rise to hæmorrhage external to the cerebral substance, and may simulate meningeal apoplexy, but would not be properly such.

In some five or six autopsies of apoplexy, I have seen these aneurisms in all except one, and perhaps closer examination would have shown it in that.

One of Dr. Webber's specimens showed the disease of the perivascular sheath, and the proliferation of nuclei to such an extent as to hide the remaining structures. The artery had a slightly fusiform dilatation.

The other slides showed sections through a vessel at its aneurismal dilatation, the sections being fortunately made at just the point where the vessel dilated or ruptured so as to form the aneurism. A hand glass showed the structure better.

Absorption of Opium per Rectum.—Dr. Amory spoke of the rapidity of absorption by the rectum of the deodorized tincture of opium, which he considered about equal to that of morphine. He injected slowly twenty-six drops of the tincture in a half

pint of warm water into the rectum for gastric pains from catarrh. In three minutes the pains had ceased, in five minutes the patient was dozing, and in seven minutes was asleep and slept profoundly the whole night.

Dr. Amory then mentioned that during the recent cold weather one hundred and twenty frogs had been left in his unwarmed laboratory. After sixteen hours, about three quarters of the number were found frozen, more than a dozen being imbedded in solid ice. By gradually thawing them out, beginning with ice-water and very slowly raising its temperature, all but one were restored to life within an hour and a half. He regretted not having studied the condition of the circulation while they were frozen.

Selected Papers.

RETINAL ARTERIAL PULSE IN INSUFFICIENCY OF THE AORTA.

Translated for the Journal, by B. JOY JEFFRIES, M.D.

DR. H. QUINCKE, in the *Berl. Klin. Wochens.*, 1868, No. 34, and 1870, No. 21, calls attention to the occurrence of a spontaneous arterial pulse in the retina in cases of aortic insufficiency. More recently, Prof. Becker and Dr. Sichtung have studied up the subject, and will make an extended report in the *Archives of Ophthalmology*. They have found that in all cases of aortic insufficiency, *unaccompanied* with valvular trouble, there is retinal arterial pulsation, the more marked the greater the hypertrophy of the left ventricle. It only failed to be found when there was great anæmia or fatty heart. The arterial pulse is not only seen on the optic-nerve disk, but as far on the periphery as the ophthalmoscope allows us to see.

As is known, we may have a venous pulse in the retina as a normal or physiological condition. An arterial pulse, however, means something abnormal. It is one of the signs of glaucoma; here, however, it is an intermittent pulsation of blood into the retina, whilst with aortic insufficiency all the qualities may be perceived, just as we distinguish them by our finger on the radial artery. We may count the frequency of the heart's contraction, the dilatation and elongation of the arterial tube (large and small pulse), the length of time of dilatation and contraction, and the inter-

vening pause of each pulse wave (*pulsus celer et tardus*). In fact, the ophthalmoscope shows us directly the pulse curve. The dilatation of the arterial tube is best seen at a point of division, the elongation where there is an S-shaped curve. This curve becomes increased during the arterial diastole and quickly resumes its shape during the systole. Sometimes the whole retina thus looks sort of alive, or in motion. In some vascular arrangements on the papilla, the whole arterial twig rises with the heart's contraction, so that here also we have a peculiar rhythmic movement of the artery.

The most interesting point these observers have noticed was in a case of aneurism of the arch of the aorta. Here the artery pulsed strongly in the retina of the left eye, whilst hardly a trace of rhythmic action could be detected in the right eye. Seemingly this must be connected with the peculiar situation of the aneurism. Supposing this implicated the origin of the arteria subclava sinistra and the carotis sinistra, whilst the anonyma was not affected, and the action of the aneurism more especially on the left eye is explainable. It is possible we may thus have an additional means of diagnosing the existence and localization of aortic aneurisms.

These observations and deductions of Quincke, Becker, and Sighting give us further testimony to the value of the ophthalmoscope in general medicine, as Mr. Allbutt has recently shown in his work on the "Ophthalmoscope in Diseases of the Brain and Nervous System."*

ON THE TREATMENT OF HÆMORRHOIDS IN PREGNANT AND PUERPERAL WOMEN.

By FORDYCE BARKER, M.D., New York.

DURING gestation we have as a predisposing cause, the pressure of the gravid uterus upon the rectum, which retards or prevents the return of the blood from the hæmorrhoidal plexus of veins to the inferior mesenteric veins. But this exists as a cause in every pregnant woman, and therefore some other element seems to be necessary for the development of the disorder, and this may be either constipation or diarrhœa. In constipation there is probably the same atony of the coats of the hæmorrhoidal veins as exists in the muscular coats of the rectum,

and the pressure of accumulated fecal matter contributes to make these veins varicose, and, if long continued, to develop the hæmorrhoidal tumors. The effect of a purgative is to stimulate an abnormal peristaltic action in directly an opposite direction to the returning blood of the hæmorrhoidal veins. Some who are subject to piles are never constipated, but have habitually a loose, relaxed condition of the bowels, the same atony of the venous coats resulting from the irritation and exhaustion of diarrhœa as exists in constipation. So, therefore, either constipation or diarrhœa may develop the hæmorrhoids. If the hæmorrhoidal veins have become varicose during the later periods of gestation, the tumors may be developed by the long pressure of the fetal head on the rectum during labor. The hæmorrhoidal veins sometimes swell enormously at this period, as they are probably weakened by the distention they have suffered during the progress of the labor, and they regain the power of contracting at this time with great difficulty. In many patients the hæmorrhoids are first developed by the action of the purgative given two or three days after confinement.

I will now describe the treatment which I have found the most successful in each of the above conditions, and which I have substantially taught in my lectures to students for more than twenty years past.

When hæmorrhoids are developed during the later periods of pregnancy, the indications are obviously to counteract the constipation or the diarrhœa, and to stimulate and to restore the tonicity of the hæmorrhoidal veins. The inquiry will then naturally suggest itself, have we any agent or combination of agents in the materia medica capable of effecting these results? I know of no article which so clearly and positively produces these two results as aloes, and on this I have mainly relied. I am well aware that the general voice of the profession is against the use of aloes where there is any tendency to hæmorrhoids. That "aloes is contraindicated by hæmorrhoids" is not only the doctrine of the "Dispensatory of the United States" (Wood and Bache), but it is also the opinion of most writers on materia medica from ancient times down to the present day. "Fuchsius was of opinion that of one hundred persons who should take aloes frequently as a laxative ninety would be attacked with the piles. Murray blames physicians who are induced by the gentle and certain action of this medicine to expose their patients to so serious a consequence. It was to this

* We copy, on a subsequent page, from the *British Medical Journal* of Dec. 23, 1871, a case of pulsation seen in the arteria centralis retinae, which is interesting in connection with the translation of Dr. Jeffries.—Eds.

purgative that Fonesca attributed the prevalence of piles among the inhabitants of Padua, and Stahl makes a similar statement in regard to the people of Hamburg. Calvin is cited as a prominent example of this mischief produced by aloes; for this celebrated reformer is said to have died ultimately from the effects of the piles which it gave rise to; but as he was of a frail constitution, subject to quartan ague, gout and gravel, the part which aloes bore in his demise may reasonably be judged to have been small." But these opinions have not been accepted by all; for Cullen, Sir Benjamin Brodie, Trousseau and Pidoux, and others have doubted whether aloes is productive of piles, but attribute this infirmity not to the medicine, but to the constipation which aloes is used to remove. I will, however, parenthetically say here, from my own observation, I am convinced that aloes will, under certain conditions of the system, and in certain doses, develop piles. The special property of aloes is "to exert the muscular contractility of the colon and rectum," and "to stimulate the venous system of the abdomen, and especially of the pelvis." That these are the effects of this agent I have not only the authority of special writers on therapeutics, as Pereria, Wood and Bache, and others, but I believe the general experience of the profession also will confirm the assertion. It would seem, therefore, that the use of aloes for the cure of hæmorrhoids in pregnant women would have suggested itself *a priori* reasoning; but I am not aware from anything that I have read that it ever has. I suppose that the general impression that aloes is contraindicated where there is any tendency to hæmorrhoids, and that it possesses emmenagogue properties, has had great influence in preventing this. In my own case, the use of this article for this purpose was the result of gradually accumulating observation rather than from any reasoning on the subject.

In the early days of my professional life, I was engaged to attend a woman in her confinement who suffered from obstinate constipation. I prescribed for her Dewees's pills. At the time of her confinement, she mentioned that in her former pregnancies she had suffered very much from piles, but that my pills had cured them. If I had known of her hæmorrhoidal tendency I should not have given these pills, and I was therefore quite surprised by her statement, as the result seemed so contrary to all that I had been taught. From this time I began to experiment as to the effect of

aloes in the treatment of hæmorrhoids, associated with constipation, in the pregnant; and for many years past I have constantly made use of aloes for their cure, whether the hæmorrhoids were the result of constipation or diarrhoea. I give it, combined with other agents, according to the special indications of each case, and in such doses as I learn by experience of the peculiar idiosyncrasy of the individual is necessary to secure one easy, free, daily evacuation of the rectum. Some require a grain morning and evening, while in others a half grain is sufficient. In anæmic patients I combine the aloes with the sulphate of iron. In the last two weeks of gestation I always combine it with the extract of belladonna. The following is a frequent prescription with me:—

R. Pulv. aloes soc., } aa ðj;
Sapo. Cast., }
Ext. hyoscyami, } ʒss;
Pulv. ipecachuan., } gr. v.

M. Ft. pil. (argent.) No. 20. S. One morning and evening.

When the patient is anæmic, I add to the above one scruple ferri sulphat. Some ten days or two weeks before the supposed time of labor, I substitute the extract of belladonna, ten grains to one scruple, for the extract of hyoscyamus. When the hæmorrhoids are associated with an irritable rectum, and frequent, small, teasing, thin evacuations, I substitute for the hyoscyamus a small quantity of opium, giving a smaller quantity of the aloes, as in the following formula:—

R. Pulv. aloes soc., }
Ext. opii aq., } aa gr. x.
Sapo. Cast., }

M. Ft. pil. No. 20. S. One morning and evening.

It is unnecessary for me to multiply formulae, as the general principles by which I am guided will be sufficiently evident from the above.

In some cases I have not been consulted, and have not known of the hæmorrhoidal tendency of the patient until my attendance during labor. I have seen the hæmorrhoidal tumors sometimes become very large during the labor. Dewees says: "Much may be done during labor to prevent a severe spell of piles by the accoucheur making a firm pressure upon the verge of the anus with the palm of his hand, guarded by a diaper, during the progress of the head through the external parts, and by carefully returning them after the expulsion of the placenta, as the sphincter is now fatigued, and will not oppose their descent." I have

frequently tried this expedient, but I cannot say that it has been very successful, as the tumors soon come down again, and under these circumstances they are very apt to become strangulated, inflamed, and cause a great deal of suffering. When I find this condition of things, I have within a few years past adopted the plan of forcible dilatation, recommended by my friend and colleague, Prof. Van Buren. My method is this: the patient being fully under the influence of chloroform, I select the moment after the delivery of the child and before the placenta is brought away. I push back the tumors within the sphincter, if I can readily; if not, I leave them alone, and introduce both thumbs, back to back, well in the sphincter, and opening them as wide as possible I draw them through the sphincter. During this time I have firm pressure made on the uterus by an assistant, and in several instances the operation was followed by the sudden expulsion of the placenta from the vagina. I direct the following ointment to be applied twice daily to the tumors, and well up in the rectum:—

R. Ung. gallæ co.,	3j;
Ext. opii aq.,	5j;
Sol. ferri persulph.,	3j.
M. Ft. ung.	

The result has been in every instance that the tumors have gradually disappeared, and the patients have had very little suffering from the operation.

Where hæmorrhoids come on after labor, the suffering is generally much greater than when it occurs during pregnancy. They are very often induced by the action of the purgative given two or three days after confinement.

It is now many years since I have been convinced that castor-oil was one of the worst agents that could be used as a laxative when there is a tendency to piles, as in many instances I have seen its action develop them. For many years, I have annually spoken of this to the medical class before whom I have lectured, and I have received many letters from former students corroborating my statement by their own observation. But I have never seen this alluded to, except in one work—viz., Hardy and McClintock, on Midwifery and Puerperal Diseases, who incidentally make the following remark: "We may first observe that castor-oil is ill suited for patients who have hæmorrhoids, being very apt to produce in them tenesmus and considerable irritation of the rectum." I may add the following from Quain: "Common opinion

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has assigned to castor-oil a character for blandness (probably because of its being an oil) to which it is not entitled. It is an efficient purgative, but, except when given in minute quantities, it usually irritates the rectum."

In Wood and Bache's Dispensatory (article, Castor-oil) we find the following: "Some apothecaries are said to use it as a substitute for olive-oil in unguents and cerates; but the slightly irritating properties of even the mildest castor-oil render it unfit for those preparations which are intended to allay irritation." It is curious that its irritating action on the mucous membrane of the rectum has not attracted more attention.

In those who have, or are predisposed to have, hæmorrhoids, I give the following on the second day after confinement:—

R. Magnesiae sulph.,	} aa ʒss.
Magnes. carb.,	
Potass. sup. tart.,	
Sulphur. sublim.,	

Mix thoroughly. S. One, two or three, teaspoonfuls of the powder before eating in the morning.

This powder produces a soft evacuation without pain, even when the hæmorrhoids are inflamed. By procuring a daily evacuation with the powder, and the use of the ointment before mentioned, I have found the hæmorrhoids in puerperal women soon cease to give trouble.—*American Practitioner*.

Bibliographical Notices.

On the Use of the Ophthalmoscope in Diseases of the Nervous System and of the Kidneys; also in certain other General Disorders. By THOMAS CLIFFORD ALLBUTT, M.A., M.D. Cantab. London and New York: Macmillan & Co. 1871.

THE author in his preface says, "that some considerable parts of the present volume have already been published in the various medical journals and society transactions, but little or nothing has been transferred to this book as it stood. Large portions have been re-written in order to add the results of more experience and to express maturer opinions." He thought it better "to exercise much reserve in printing his accumulated material, and to publish his own conclusions, with a few illustrative cases only, rather than to print a mass of such evidence as may

be collected for himself by any practitioner who is interested in the subject." Still he has given us a book of 400 pages, about which and what is in it we desire here to say something. The author has from his various articles been pretty well known to the profession in this special branch of study, so that what he would have to say in a book would naturally be eagerly read and due deference paid to it. To those who have not known or heard of him, we would say that Dr. Allbutt some time ago was wise enough to see that he himself must master the ophthalmoscope and not be dependent on any ophthalmic surgeon for a report of the condition of the optic nerve entrance or retina in the cases his practice brought before him. We wish we could here quote his whole introductory chapter to show the spirit in which he went to work and in which he has prosecuted his studies and given us their results. This chapter, of some ten pages only, might well be quoted entire by medical journals for the benefit of their readers. Following this introductory chapter comes the book itself. He prefaces with explanations of the use of the ophthalmoscope, and how he manages it in special cases; then he explains the aspect, structure and connections of the normal optic nerve and retina. Next its variations from health in hyperæmia, anæmia of the disk and retina, oedema of the disk, ischæmia of the disks (choked disks), neuro-retinitis, chronic optic neuritis, retinitis, perineuritis, consecutive atrophy, primary atrophy. Now follows the relations between certain intracranial disorders and affections of the optic nerve and retina, in epilepsy, chorea, mania, dementia, meningitis (tubercular, pyæmia and fevers, syphilitic and rheumatic, of drunkards, traumatic), concussion and fracture, hydrocephalus, tumors and periostitis chronica, atheroma, softening and hæmorrhage, cerebritis abscess and sclerosis, general paralysis.

Chapter VI., the next, is on the ophthalmic signs of disease of the spine: then follow other chapters on the retinitis associated with albuminuria, leukæmic retinitis, on the amaurosis of diabetes, toxic amaurosis from alcohol poisoning, tobacco amaurosis, lead poisoning, hypnosis and narcosis, embolism of the central artery of the retina and its branches. The appendix sketches 123 cases illustrative of the text of the several chapters and constantly referred to throughout the book.

Following this we have a tabular view of 43 cases of *insanity with epilepsy*, in

which the optic nerve and retina were seen and their appearances recorded; another, of 51 cases of *mania*; another, of 38 cases of *dementia*; another, of 17 cases of *melancholia* and *monomania*; another, of 12 of *idiocy*; another of 53 cases of *general paralysis*.

By perusal of the foregoing the reader of this notice will have obtained some idea of what the book treats of, but only a personal perusal of the book itself can give them any idea of the admirable manner and most excellent spirit in which it is written; the research in and fairness towards all foreign literature; the cautious deductions and modestly given conclusions of the author, and not least his ready and repeated acknowledgments of others' works, whether quoted from or not. The faults of the book we do not desire to dwell on here, since there are so many other places for criticism open to those who desire to attempt it. We simply wish to call the notice of the profession to this admirable work, written in the true spirit of investigation. It is not a book for specialists, nor written for the ophthalmic surgeon. It is written for, and should be read by the general practitioner, who has to deal with the diseases here discussed, and now explained by the light of the ophthalmoscope. It will be, however, very welcome to all of us specialists, since we are, and must apparently for a long time be expected to report upon what we see in many of the above mentioned diseases, and thus help out the general practitioner in his diagnosis, precisely as we in our turn must apply to the special chemist to obtain a minute analysis of the urine or blood. To both the general practitioner and specialist the book is also very valuable, as it gives us both, in a certain sense, a common language. For instance, a patient is sent to me with some trouble of vision, as one of many symptoms, and I report back "marked *ischæmia* of both disks" to the attending physician. Now Mr. Allbutt's book will tell him in very attractive English, and very truthfully, what ischæmia of the disks is, and what it may signify in the present light of our knowledge, assisted by the ophthalmoscope. We do not mean at all to convey the idea that every doctor can or ought to be a good ophthalmoscopist, but we do hold that every general practitioner who attempts to treat or diagnosticate cerebral troubles should have the whole light of the ophthalmoscope, which fact Mr. Allbutt's book will prove to him if he will read it attentively. This he will not fail to do when he has

once commenced, since the style is so attractive and the garb in which the publishers present it so pleasing to the eye. There are some excellent colored prints of ophthalmoscopic views in "congestion papilla" and "neuritis from lead poisoning," with other simpler wood-cuts. J.

Consumption and the Breath Re-breathed. Being a Sequel to the Author's Treatise on Consumption. By HENRY MACCORMAC, M.D. London: Longmans, Green & Co. 1872. Pp. 154.

THIS brochure also contains an article entitled Carbonæmia the Immediate Source of Tubercle, read before the British Medical Association in 1867; and another, Tubercle and the Crucial Test, read before the same Association in 1868. The author endeavors to prove that by breathing air containing an abnormal amount of carbon, the individual becomes tuberculous. The remedy, according to him, is a simple one—abundance of fresh air. Dr. MacMormac writes with a great deal of force, still his line of argument would apply to chronic disease connected with other pathological conditions than the tuberculous. If the people at large could be compelled to adopt the advice given, there is no doubt that a very fertile source of debility might be removed.

A Practical Treatise on the Diseases of Women. By T. GAILLARD THOMAS, M.D. Third Edition. Philadelphia: H. C. Lea. 1872. Pp. 784.

THE publication of three editions of Prof. Thomas's work within as many years attests not only the demand for such a treatise, but, no less certainly, its fulfilment. The merits of the book have been appreciated in the profession, and the author has come to be acknowledged as an authoritative exponent of the modern ideas of the subjects which he considers.

THIS new edition comes to us thoroughly revised, with several entirely new chapters, and embellished with an increased number of illustrations. A work so well done and so well known needs no special commendations at our hands.

Report on the Progress of Ophthalmology, made to the American Ophthalmological Society, 1871. By B. JOY JEFFRIES, A.M., M.D. Pamphlet. Pp. 59.

DR. JEFFRIES presents, as in the four previous years, a succinct résumé of the ad-

vances made in ophthalmology, gathered, with evident care in selecting, from the literature of the specialty. This compendium of home and foreign writings must be of great value, for reference, to those engaged in the study and practice of ophthalmology, and the Society which represents the science in America could hardly have made a better choice of a committee to give the annual abstract of ophthalmological progress.

Diagrams of the Nerves of the Human Body. By W. H. FLOWER, F.R.C.S., &c. Edited, with additions, by W. W. KEEN, M.D. Philadelphia: T. Hamilton. 1872.

THE charts of the nerves designed to facilitate the study of a difficult branch of anatomy, and published some years since by Mr. Flower, are here reproduced on a much smaller scale than the original, and are admirably adapted to aid dissecting or to assist the teacher. The engraving of the plates is unexceptionable, and the accompanying explanations are concise and sufficiently clear to fulfil the design of the work.

On Vascular Nævi and their Treatment by the actual Cauley. By B. F. DAWSON, M.D. Re-printed from the *American Journal of Obstetrics*, November, 1871. Pamphlet. Pp. 20.

THE author has presented in very readable shape whatever is known of cutaneous and subcutaneous nævi, as regards their anatomy, pathology and radical treatment. In addition to the various methods practised for the obliteration of these growths—coagulating injections, compression, the ligature, vaccination, excision and potential caustics—Dr. Dawson describes and highly commends the use of the actual cautery, the red-hot, bulb-pointed iron being applied repeatedly to the surface of the tumor until non-vascular cicatrices result. Six cases are cited to show the successful results of this treatment.

AN EXCELLENT IDEA.—The Board of Managers of the Pennsylvania Hospital have adopted a system of quarterly meetings with the medical and surgical staff, which, it is believed, by facilitating direct interchange of views, will increase efficiency and be a more systematic means of ascertaining and correcting any mismanagement, and also of introducing improvements.

Medical and Surgical Journal.

BOSTON: THURSDAY, MAY 16, 1872.

THE REGENERATION OF NERVES.

M. VULPIAN has presented to the Biological Society of Paris the results of a large number of experiments upon the various lesions of nerves, so far as they relate either to the restoration of the nerve tissue or to changes in the muscular contractility, and an abstract of his observations is published in the number of *L'Union Médicale* for Jan. 9th ult. He compared, in his studies, the consequences of section of the nerve, of its division by *écrasement* and of its transfixion by means of a fine needle dipped in acetic acid or in oil of turpentine. He operated on the sciatic, the hypoglossal, the pneumogastric, and other nerves. The changes observed were in all cases identical, whatever the method of experimenting; except, however, that regeneration of the nerve was more rapid after *écrasement* than after section. The effect on contractility was also quite constant; in no case was the power wholly destroyed, it was only lessened, the degree of impairment being greater in cases where division by section was practised. The author observed, moreover, that whatever the nature of the lesion produced on the sciatic nerve, epilepsy always supervened, in such cases, in his experiments on guinea-pigs. Transfixion of the pneumogastric in dogs by a needle charged with acetic acid gave rise to the same effects as division of the sympathetic.

FOOD OF FEVER PATIENTS.—In one of the instructive lectures on the Treatment of Fever, recently published in the *Medical Times and Gazette*, Dr. Lionel S. Beale says: "For many years past, I have been in the habit of adding pepsin and hydrochloric acid to the beef-tea that is given in very bad cases of fever, and I am sure with the greatest advantage. The stomach is relieved and a comparatively large amount of nutrient matter digested and absorbed within a given time. By this plan the tym-

panitic state of the abdomen, which is sometimes so distressing, is relieved in the course of a few hours, and its recurrence prevented during the illness." Three or four grains of pepsin and ten to twenty drops of dilute hydrochloric acid are mentioned as the requisite doses in such cases, to be added to a cupful of the nutriment, milk or beef-tea.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.—A meeting of the members of the Association was held at Horticultural Hall, Philadelphia, on Monday, the 6th inst. The President, Dr. B. F. Dawson, of New York, presided.

The Secretary read the articles of association and the minutes of the last meeting.

The following members of the Association were present:—

Dr. B. F. Dawson, of the *American Jour. of Obstetrics*; Dr. S. W. Butler, of the *Medical and Surgical Reporter*; Dr. Stone, of the *Northwestern Medical and Surgical Journal*; Drs. D. W. Yandell and Theophilus Parvin, of the *American Practitioner*, and Dr. N. S. Davis, of the *Chicago Medical Examiner*.

The following resolution was unanimously adopted:—

Resolved, That the annual prize of \$100 be offered by this association for the best essay on some subject, to be decided upon at each annual meeting, and the same to be open for competition to all medical editors belonging to this association.

On motion, a committee was appointed to recommend a suitable subject for the essays of the coming year.

At 8 o'clock in the evening the association re-assembled to listen to the annual address by Dr. Dawson, the President. He took for his subject, "The Origin of Medical Science."

After the transaction of incidental business the meeting adjourned.

A CAUSE OF DEATH AFTER OPERATION FOR STRANGULATED HERNIA is pointed out by Mr. Bryant, of Guy's Hospital, in a recent clinical lecture. It consists in the subsequent contraction of the portion of bowel which had been strangulated, due to inflammation in the submucous and perito-

neal coats and resulting in a stricture of the intestine, which becomes impermeable. The symptoms of this condition supervene at varying intervals after the reduction of the hernia, and consist of irregular action of the bowels—sometimes constipated, sometimes loose; griping abdominal pain, and, finally, intractable vomiting. Fortunately, such an untoward result of strangulation in cases which survive operative measures for any length of time is believed to be very rare.

A NOVEL APPLICATION OF HEMP.—The Dublin Obstetrical Society, at one of its recent meetings, devoted the greater part of an evening to the discussion of the use of hemp ligature as a saw, for the removal of intra-uterine and vaginal tumors, and for decapitation in cases of transverse foetal position in labor. Dr. McClintock spoke highly of this method in extirpating polypi, and reported a case. A married lady came to him, reporting severe and repeated vaginal hæmorrhage. A large polypus was discovered in the vagina, its size that of a turkey's egg, and its neck an inch in diameter. The tumor was drawn well down toward the vulva, and a loop of fishing line, introduced through Gooch's double canula, was cast around the pedicle, and in thirty-five seconds, by a sawing movement, the section through the neck of the growth was completed. The operation was facile, expeditious, dry and painless. The ligature was used through the canula with a view to protect the vagina from injury by friction.

Dr. Kidd exhibited the body of a fœtus, decapitated in the process of delivery by the method under discussion. The child was presenting transversely and was dead. The cord was passed around the neck of the fœtus by means of a catheter, and the section was completed in a minute and a half. The whole operation of delivery was accomplished in twenty minutes. Dr. Kidd remarked that if the practitioner had a cephalotribe beside him, he need not fear the risk of the head remaining in the uterus.

ABORTIVE TREATMENT OF GONORRHŒA.—M. Ledeganck, of Brussels, has published a memoir containing new researches on this

subject. The treatment of blenorrhagia, he says, may be divided into the abortive and the curative. The first attacks the affection at its commencement, and produces a sudden and profound modification of the conditions present in the inflamed mucous membrane, reducing the specific phlegmasia to the state of simple inflammation curable by natural processes. Amongst the means adopted to obtain this effect, nitrate of silver and tannin in solution are the most common. The last agent, however, he has not found very serviceable, at least when dissolved in red wine, in the proportion of three grammes of tannin to one hundred of wine. He has not had much greater success with nitrate of silver in the dose of one to two grammes in thirty of water, and this he attributes, first, to the injection being made at an injudicious period, and, secondly, to an improper *modus operandi*. The abortive treatment, he thinks, should not be applied before the inflammation has attained a certain height; and, on the other hand, it is not suitable for the stage of acute inflammatory urethritis. Pathological anatomy should alone enable the precise moment to be determined when the inflammation of the urethra can be abolished by the employment of a caustic. The redness and swelling at the orifice of the meatus have long been considered the objective signs of commencing urethritis. It is, in fact, in the fossa navicularis that the great majority of cases commence, and it is from the examination of these parts that Dr. Ledeganck draws his conclusions as to the right time to apply the caustic. Fifteen or twenty hours after an infecting coitus the vessels of the parts are injected, exactly limited to the frænum, and stopping almost at the borders of the meatus; on the second day the injection has extended to the interior of the navicular fossa. In order to examine this, the lips of the meatus must be separated by introducing a smooth cylinder of thin glass, about the size of a No. 12 catheter. It will then be found that the mucous membrane presents a port-wine hue, which springs from the anterior lip of the meatus and extends down the canal in the form of two or three descending and diverging striae. On the third day the port-wine tint has become intense, the part so colored has the form of a myrtle leaf, with the base at the anterior border of the meatus, and the apex about three-fourths of an inch down the passage. The anterior fold of the mucous membrane occupies the position of the median raphe. After the third day the in-

jection extends rapidly towards the deeper parts, and its limits can then no longer be accurately fixed. Now, M. Ledeganck maintains that the abortive treatment can only be successfully employed from the first to the third day of the attack; in other words, during the period that the local phlegmasia is limited to that portion of the urethra which is accessible to sight. Again, he considers the mode of application not less important than the time. Solutions of nitrate of silver should be eschewed, since their action cannot be limited to the parts affected, and also because they require to be repeated, whereas a single application of the solid nitrate is sufficient. He takes one of the ordinary sticks and envelopes it in a piece of thin tissue paper, which last he again removes from one side, so as to expose a sufficient surface; then glides it into the fossa navicularis to the depth of three or four centimetres, always taking care that the denuded surface of the caustic is directly forwards. It is then gently withdrawn towards the orifice, applying it to the anterior fissure of the mucous membrane. On arriving at the meatus, it is gently rotated to the right and left, and the operation is completed. On examination, the navicular fossa is now found covered with a white pellicle, which separates like a true eschar in the course of two or three days. The application of the caustic produces sharp pain, but never occasions any serious accidents. The whole duration of the treatment does not, in general, exceed a week.—*Journal de Médecine, &c.*

VISIBLE PULSATION OF THE ARTERIA CENTRALIS RETINÆ IN A CASE OF INCOMPETENCY OF THE AORTIC VALVES. By C. E. FITZGERALD, M.B. Ch. (Dub.), Assistant-Surgeon to the National Eye and Ear Infirmary, Dublin.—At the Heidelberg Ophthalmological Congress held in September last, Professor Becker of Heidelberg, as my colleague Mr. Swazy informs me, read a paper on Visible Pulsation of the Arteria Centralis Retinæ in cases of Incompetency of the Aortic Valves, and also showed a patient who exhibited the phenomenon. Quite recently I have had an opportunity of examining a well-marked case, which appears to me possessed of sufficient interest to make it worth while recording.

The patient is a man aged 40, who was admitted into the Infirmary of South Dublin Union on the 3d instant, under the care of Dr. W. B. Jennings, to whose kindness I am indebted in granting me permission

to publish the following particulars. I do not think it necessary to give the history of the case; suffice it to say, that all the symptoms of incompetency of the aortic valves were present, and very well marked.

On the first occasion on which I examined the patient's eyes, I was able to detect in the right eye (the pupil being partially dilated with atropine) a very distinct pulsation of one of the retinal vessels, immediately at its point of emergence from the optic disc; this portion of the vessel presented such a dark purple color, that, combined with its close proximity to one of the veins, which were somewhat congested, I failed to satisfy myself completely as to whether the pulsation was in the artery or in the vein. On a subsequent occasion, I again examined the patient several times, but was still unable to settle this point; a few days later, however, I dilated the pupils fully with atropine, and used a four-inch in place of the ordinary two-and-a-quarter-inch convex lens. The large image thus obtained enabled me to determine clearly that the pulsation was certainly in the artery. Moreover, by resting the little finger of my left hand on the temporal artery, I found that its pulsations and those of the retinal vessel were synchronous.

It was in a portion of the superior branch (inverted image) of the arteria centralis, extending from its point of emergence to where it crossed over one of the veins, that the pulsation was visible; and I am inclined to think the difficulty of determining as to whether it was in the artery or vein was caused by the column of blood at each pulsation projecting this portion of the artery forwards; the rays of light were consequently no longer reflected directly from the walls of the vessel, which, in fact, became foreshortened and partially thrown into shade. I was unable to detect any pulsation in the retinal vessels of the left eye.

I may mention that there was no increase of tension in either eye; in fact, the tension of the right eye was, if anything, below the normal.

Dr. Becker states that the phenomenon is not invariably present in cases of incompetency of the aortic valves, nor is it at all times visible in those cases in which it has been observed. It was previously noticed by Dr. Quinke, assistant to Dr. Frerichs.—*Brit Med. Jour.*

DISEASE OF THE KIDNEYS PRODUCED BY URETHRAL GONORRHEA.—This obscure disease,

consequent upon gonorrhœa, Dr. Zeissl remarks, is frequently to be ascribed to the large doses of the resinous diuretics given during gonorrhœa. In the demonstration of the ill effects of these medicines upon animals, Schrott and Beckmann were unsuccessful, because the animals employed in the experiments are tolerant of the acrid diuretics, while in man, sometimes after a slight use of these medicines, hæmorrhages and ecchymoses of the neck of the bladder occur. From these latter (which, however, may occur in gonorrhœa without the previous exhibition of diuretics) the hyperæmia may certainly extend *per continuitatem* as far as the papillæ of the kidneys, and into the tubuli, and thus produce a nephritis desquamativa, though not, however, a nephritis diffusa.—*Oesterr. Zeitsch. Prat. Heilk.*

CLAY DRESSINGS FOR VARIOLA.—Dr. E. S. Bunker, in a note to the *Medical Record*, says:—"During the recent epidemic I used clay-dressings for two pretty decided cases of confluent smallpox. Both patients were young women. One, a married lady, aged 23 (delivered on the second day of a six months' fetus), made a fair recovery, took cold after getting up, and in a few days died suddenly of empyema and pericarditis; diagnosis confirmed by autopsy. The other, single, aged 21, had the disease with great violence, recovered rapidly, and is now well. In each case I dusted finely sifted pipe-clay over the face as soon as the pustules became fairly developed. This formed immediately a clean, dry, wholesome scab, abolished the intolerable itching and burning, served apparently as a good absorbent of infectious material, and scaled off during convalescence, leaving underneath a soft, natural integument. There was no disfigurement in either case."—*New York Medical Journal*.

INFLUENCE OF MOVEMENTS OF THE UTERUS ON THE VOMITING OF PREGNANT WOMEN.—Dr. Aubert (*Lyon Med.*, Oct. 15), says that the pains and accidents attributed to uterine deviations or deformities of the uterus are not due to the sole fact of the deformity or deviation, but are caused by the movements and shocks which the displaced uterus undergoes. In all cases of uterine displacement there are two elements to be taken into account, the anatomical and the locomotor, the first consisting in alteration in

position and form, the second in the movements or shocks which the displaced organ undergoes. Both of these appear to be met with in pregnancy. Thus it is found that rest in bed will sometimes cause the vomiting of pregnancy to cease, but not always. Vomiting in pregnancy comes on generally at two periods of the day—firstly, in the morning, when the patient begins first of all to move in the bed, and when she rises. This is the most common time. The early months of pregnancy, too, when the uterus is less intimately connected with the other organs, and thus more mobile, is the epoch of vomiting. The author recommends in some cases the use of pessaries in bad cases of vomiting in pregnancy, in order to keep the uterus motionless.—*Dublin Med. Press and Circular*.

TREATMENT OF CONDYLOMATA BY CARBOLIC ACID.—Dr. Boise (*Allgem. m. Centbl.*, 1870, 90 St.) recommends the use of pure carbolic acid in these formations. The condylomata are attacked by the acid in all the thickness of their tissues, and then assume a dullish white color; the neoplasm falls entirely after a single or a few applications of the remedy, without leaving behind any ulcer. This method of treatment, says the author, is preferable to any other. The acid may be used in a liquid form with a brush; it has no tendency to extend beyond the diseased parts. When carefully applied, it never causes any notable inflammation of the neighboring parts, nor any pain worth mentioning. It appears that this treatment is radical, for up to this time he has not noticed any relapse.—*The Doctor*.

PRECOCIOUS DEVELOPMENT.—Flügel describes in the *Bayr. ärztl. Intell.-Blatt* (No. 49, 1871) the case of a female child who died of diarrhoea at the age of 5½ years. She was five feet in height. The incisor teeth had all appeared when she was six months old, and at nine months she had all the molars. At a year and a half old, she menstruated; and, especially in her later years, the periods were tolerably regular. The external genital organs were well developed, without hair; the breasts were full, and the pelvis roomy. The condition of the internal genitalia was not ascertained. As regarded her intellect, she did not appear to be in advance of other children of her age, although she had begun to speak when six months old.—*British Med. Journal*.

Medical Miscellany.

We are obliged to defer our report of the Convention at Philadelphia until next week.

Dr. BROWN-SEQUARD will return to Boston in September, and deliver his course of lectures at the Medical School.

THE MILK SUPPLIED TO THE LONDON HOSPITALS appears not to be above reproach. Recent inspection of the article, as supplied to eight of the metropolitan hospitals, discovered the fact that not one of the specimens was up to the standard of unspiced milk. The adulteration consisted chiefly of water; and the sample obtained from St. Bartholomew's contained almost as much of water as of milk.

Dr. J. M. DaCOSTA has been elected to the Chair of Theory and Practice of Medicine in Jefferson Medical College, Philadelphia, in place of Prof. Samuel H. Dickson, deceased.

At the late annual meeting of the Franklin Dist. Med. Society the following officers were elected: *President*, William Dwight, M.D., of Bernardston; *Vice-President*, E. A. Dean, M.D., of Montague; *Secretary and Treasurer*, A. C. Walker, M.D., of Greenfield; *Commissioner of Trials*, E. Barton, M.D., of South Orange; *Censors*, Drs. A. E. Kemp, C. A. Packard and C. L. Fisk; *Councillors*, Drs. J. W. D. Osgood, A. C. Deane, C. M. Duncan and J. R. Fairbanks.

THE British chemists and druggists have contributed £450 in cash, and books and specimens to the value of, at least, £100, to their brother sufferers in Chicago. This is in addition to subscriptions to the public fund for the benefit of Chicago.

MEASURES are being taken to establish a special hospital for diseases of women in Vienna. Twelve thousand florins have already been subscribed, and a suitable building has been secured.

SARCINA IN BLOOD.—Dr. Ferrier, of King's College, London, calls attention to a curious fact which he has just discovered, of great importance in reference to the much-discussed subject of disease-germs. He states that the peculiar microscopic organism, the *sarcina ventriculi*, which has hitherto been found almost exclusively in diseased conditions of the stomach, exists in an undeveloped state constantly in the blood of the lower animals and in human blood, both in health and disease. Dr. Ferrier further states that the minute particles which are constantly found in vaccine lymph, and which have been supposed to be the active agents of the vaccine virus, are nothing more than undeveloped *sarcinae*.—*British Medical Journal*.

ESTIMATION OF FAT IN MILK.—A. Schukoffsky mixes 20 cc. milk, 20 cc. ether, and 30 cc. strong alcohol, and sets the mixture aside for twenty-four hours; milk sugar crystallizes out and casein is precipitated in flocks, and may be readily washed

upon a filter with ether and alcohol. From the filtrate the ether is distilled off, then the alcohol evaporated completely in a water-bath; the residuary liquid is now treated with ether, the ethereal solution removed by means of a separatory funnel, and finally evaporated to recover the fat. —*American Journal of Pharmacy*.

THE ANATOMY OF SUICIDE.—The Academy of Sciences has received a paper in which M. Descarnes seeks to explain the excess of suicide which has long distinguished Paris. With all our November fogs, we have but one voluntary death in 175—a sufficiently distressing proportion. Paris has one in 72. With us, the proportion tends to decrease; in Paris, unhappily, it continues to augment. M. Descarnes invokes as causes: 1, the democratic fury—*morbus democraticus*—a purely imaginary and ideal cause, inasmuch as in the most democratic country in the world, America, the suicides are most infrequent; 2, the weakening of religious faith; 3, the progress of alcoholism. —*Brit. Med. Jour.*

TO CORRESPONDENTS.—Communications accepted.—Cases from Practice.—Clinical Observations on Contagious Impetigo.—The Circulation in Sea-sickness.

BOOKS RECEIVED.—A Treatise on Diseases of the Bones. By Thomas M. Markoe, M.D., Professor of Surgery in the College of Physicians and Surgeons, &c. New York: D. Appleton & Co. 1872. Pp. 416.—A Treatise on the Diseases of Infancy and Childhood. Second Edition. By J. Lewis Smith, M.D. Philadelphia: H. C. Lea. 1872. Pp. 741.—The Works of Sir James Y. Simpson, Bart., M.D. Vol. III. Clinical Lectures on the Diseases of Women. New York: D. Appleton & Co. 1872. Pp. 789.

Deaths in fifteen Cities and Towns of Massachusetts, for the week ending May 11, 1872.

Cities and Towns.	No. of Deaths.	
Boston	168	Somerville 5
Charlestown	18	Fall River 18
Worcester	23	Haverhill 6
Lowell	26	Holyoke 6
Chelsea	9	
Cambridge	27	
Salem	8	
Lawrence	2	
Lynn	11	
Fitchburg	6	
Newburyport	10	
		342

Prevalent Diseases.

Consumption	63
Pneumonia	42
Scarlet fever	12
Croup and Diphtheria	12
Smallpox	9

There were eight deaths from smallpox in Boston, and one in Cambridge.

GEORGE DERRY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, May 11th, 1872. Males 76; females, 92. Accident, 2; abscess, 2; apoplexy, 4; inflammation of the bowels, 1; bronchitis, 5; inflammation of the brain, 1; disease of the brain, 3; cancer, 2; cerebro-spinal meningitis, 1; cholera infantum, 2; consumption, 34; convulsions, 7; croup, 2; debility, 1; dropsy, 1; dropsy of brain, 6; diphtheria, 3; erysipelas, 4; scarlet fever, 4; typhoid fever, 4; gangrene, 1; gastritis, 1; disease of the heart, 10; homicide, 2; intemperance, 2; jaundice, 1; disease of the kidneys, 7; disease of the liver, 1; congestion of the lungs, 8; inflammation of the lungs, 12; marasmus, 3; measles, 2; old age, 2; paralysis, 2; premature birth, 3; purpura hemorrhagica, 1; peritonitis, 1; puerperal disease, 3; rheumatism, 2; smallpox, 8; disease of the spine, 1; tetanus, 1; teething, 1; ulcer of stomach, 1; unknown, 3.

Under 5 years of age, 58—between 5 and 20 years, 14—between 20 and 40 years, 43—between 40 and 60 years, 34—above 60 years, 19. Born in the United States, 104—Ireland, 48—other places, 16.